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26111 7590 09/13/2007

**STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.**  
**1100 NEW YORK AVENUE, N.W.**  
**WASHINGTON, DC 20005**

12/14/2007 INTEFSW 00001559 10721793

01 FC:1501	1440.00	OP
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRSTNAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,793	11/26/2003	Miguel Corona Villegas	2099.0070001/JAG/LBB	6600

**TITLE OF INVENTION: RECOMBINANT IMMUNOGENS FOR THE GENERATION OF ANTIVENOMS TO THE VENOM OF SCORPIONS OF THE GENUS CENTRUROIDES**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESAI, ANAND U	1656	536-023400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Sterne, Kessler, Goldstein & Fox P.L.L.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2	
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Universidad Nacional Autónoma de México (UNAM)

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

México, D.F

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 Payment by credit card. Form PTO-2038 is attached. (Online Credit Card Authorization Form attached)  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Laura A. Vogel  
 Typed or printed name Laura A. Vogel

Date Dec. 13, 2007  
 Registration No. 55,702

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